U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-/0693	2. Fiscal Year Covered From:
	1 /01 /05 Through: 12 /31 /2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Michael W. Platt	Name Greater Pa. Regional Council of Carpenters
	Labor Organization File Number 035-030
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 100
Street 337 N. Mill Rd.	Street 1718 Heilmandale Rd.
city Harrisburg	City Lebanon Pa.
State Pa. ZIP Code + 4 /-71/12	State Pennsylvaria ZIP Code + 4 170 46
5. Position in labor organization. Council Representa	Tive

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

		derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (include	ding trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
		$\Phi = 0$
State	ZIP Code + 4	red of the second
	, Sign	ature

submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been exa	rnined by the signatory and is, to the best of the
Signed Michael W. Chill	On <u>\$-24-08</u>	717-273-840; Telephone Number

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

Name of Person Filing Michael W Platt	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade nurre, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer	
Street City ZIP Code + 4 ZIP Co		
10. If 9.b. or 9.c. is checked give trust or employer's rama.	11.a. Nature of such decling.	
Name D. H. Euans Associates Trade Name, if any:	Administration of Corpenters & Millwrights Annuity Trust Fund	
P.O. Box, Bldg., Room No., if any P.O. Box 6480		
Street 2207 Forest Hills DR., Suite 14	11.b. Approximate dollar value of such dealing.	
City Harrisburg	12.a. Nature of interest hold or income received.	
State ZIF Code + 4 77112-0480	D. H. Evans Annual Golf Out. 15	
	12.b. Amount. 125.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Coce + 4		
13.b. Is the Business an Employer cr Consultant?	14.b. Amount of payment.	

Name of Person Filing Michael W Platt	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Keystone Carpenters Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400 Street 1718 Heilmandale Rd. City Le banen State Pennsylvania ZIP Ccde+4 17046	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. Attendance at the International Found. Conference 11.b. Approximate dollar value of such dealing.	riot
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Re at ons Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Michael W. Platt	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Columbia Partners	9. Business deals with:	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Saite 1000	b. Trust	
Street 1775 Pennsylvania Rice N.W.	' c. Employer	
City Washington D.C.		
State ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Keystone Carpenters Pension Fund		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1718 Heilmandale Rd.	11.b. Approximate dollar value of such dealing.	
City Kebanen	12.a. Nature of interest held or income received.	
State P6. ZIP Code + 4 1 17046	Brunch @ International Foundation Conference	
	12.b. Amount. 250.00	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	;	
P.O. Box, Bldg., Room No., if any		
P.O. Box, Bldg., Room No., if any Street		
Street		

or Consultant

13.b. Is the Business an Employer

Name of Person Filing Michael (n) Platt	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valuables and part of which consists of buying from, sulling or leasing to, or otherwoof an employer whose employees your labor organization represents or is actived (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name High Mark Bluce Strip Id Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Isao Center ST. City Camp Hill State Pa. ZIP Cods + 4 17089	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Keystone Cacasters Pensie, Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite VOO Street 1718 Heilmandale, Rel. City Lebanon State Pa. ZIP Code + 4 17046	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dinner (a) International Foundation Conference
	12.b. Amount. 200.00
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	
P.O. Box, Bidg., Room No., if any Street City State ZIP Ccdo + 4	
13 h is the Business on Employer or Consultant 2	14.b. Amount of payment.